CDE'S GUIDELINES FOR TOBACCO PREVENTION

(Abbreviated Version from Getting Results, Part II, Chapter 3, pages 19-30)

For a full discussion of these guidelines, see Getting Results.

1. **Design a program that is comprehensive, responsive to local needs and assets, and based on the Principles of Effectiveness.**

A comprehensive program includes school, community and media components. Silvia & Thorne (1997) report that the more comprehensive the alcohol, tobacco and other drugs program, the more effective it is in reducing negative behaviors. For example, the Minnesota Heart Health program used an interactive social influences curriculum in junior high, coupled with mass media and policy development, and reported a 40% reduction in smoking prevalence by these students when they reached the 12th grade. Project STAR in Kansas City (see summary in Part 1 of Getting Results) included a social skills curriculum parent programs, changing community health policies and media campaigns; it reduced smoking prevalence by 30%.

2. **Establish and enforce a tobacco-free school policy.**

One study (Pentz, Dwyer and others, 1989) of 23 schools in California found that schools with a comprehensive policy that emphasized both prevention and cessation had significantly lower smoking rates than did schools with a less comprehensive policy and less emphasis on smoking prevention.

3. **Provide developmentally-appropriate tobacco use prevention education in kindergarten through grade twelve; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.**

Based on expert opinion, the Centers for Disease Control recommends that the most intense instruction and prevention be focused on grades 6-9, particularly the transition year from elementary to middle school/junior high. These lessons should be reinforced by booster sessions in grades 10, 11 and 12 that repeat or expand the concepts previously introduced. Tailor programs to the students' needs, interests and culture.

4. **Provide instruction about social influences on tobacco use, peer norms regarding tobacco use, refusal skills, and short- and long-term negative physiologic and social consequences of tobacco use.**

Most tobacco prevention research has focused on classroom curricula, and there is strong evidence that a social influences curriculum--one that addresses students' perceptions of social norms regarding tobacco use, teaching them about social influences to use tobacco, and providing them with resistance skills and/or one that emphasizes life/social skills--is most effective. Adhere to the original plan and design of the curriculum selected, including the recommended number of hours of classroom instruction.

One study (Botvin, Baker and others, 1993) showed that 10 tobacco-specific sessions each year in grades 6-9 are needed for instructional approaches to be most effective. Evaluate the source of tobacco use prevention materials and be wary of those supplied by the tobacco industry.

5. Provide program-specific training for teachers.

Most social influences curricula require an interactive teaching approach, yet many teachers are uncomfortable with this approach (Silvia & Thorne, 1997a). Therefore, teacher training should include not only the underlying theory and conceptual framework of the program and content, but also the modeling of activities by skilled trainers and the opportunity for teachers to practice implementing program activities.

6. Involve parents, families, and community in support of school-based programs to prevent tobacco use.

In a meta-analysis of many different tobacco prevention programs, Tobler (1993) reported that embedding an interactive school-based program within a community-based initiative doubled the impact of the program.

7. Support cessation efforts among students and all school staff who use tobacco.

Effective approaches to tobacco cessation for young people are still under development. A recent evaluation (Coleman-Wallace and others, 1999) showed a two-step approach to tobacco use cessation involving first pre-cessation activities to motivate tobacco users to want to quit and then a cessation program, to be effective in decreasing tobacco usage.

8. Promote youth development in caring environments.

Youth development is an approach and an attitude that helps youth build strong, healthy relationships with others, learn new skills, and give back to the community. Benson and others (1998) report that the more supportive the environment is in which they grow up, the less likely young people are to engage in health-risky behaviors. For example, the more developmental assets a young person has, the less likely s/he is to smoke cigarettes. One long-term national study (Resnick and others, 1997) showed that feeling connected to and cared by school and family offered adolescents the strongest protection against a range of unhealthy behaviors and attitudes.

9. Evaluate and revise the tobacco use prevention program at regular intervals until it demonstrates that it is getting results.

All LEA's are encouraged to utilize the California Healthy Kids Survey, and all recipients of TUPE 9-12 grants must do so as a condition of receiving funds.

References

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